

to bear witness

THERAPY

Service Agreement

Welcome! This document contains important information about my professional services and business policies. After reading this document, we can discuss any questions or concerns you have. When you sign this document, it will also represent an agreement between us. Therapy is a relationship that works in part because of clear and supportive boundaries. As a client in therapy, you have rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Please initial after reading each section. Thank you for working with me!

Goals of Therapy

There can be many goals for the therapeutic relationship. Some examples are decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. We will develop a treatment plan together based on *your* goals for therapy.

Initial _____

Risks/Benefits of Therapy

Therapy is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that therapy will “solve” problems. You may not see the benefits of therapy for some time, as change can happen slowly. Therapy also requires an active effort on your part. However, there are many benefits to therapy. I believe that progress looks different for each individual. Progress is not a straight line; it is often “2 steps forward, 1 step back”. I believe there is a great deal of knowledge, wisdom, and happiness that can be gained during the often difficult journey of healing. Therapy can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, and improve your quality of life. I am here to support you and walk alongside you!

Initial _____

Appointments

Appointments will ordinarily be 50-60 minutes in duration. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hours' notice, you may be required to pay a late cancellation fee of \$40 (*unless we both agree that you were unable to attend due to circumstances beyond your control*). **Multiple** missed sessions due to any combination of these reasons may result in loss of of time slot or discharge. I try to be as flexible as possible, and will identify options/create a plan with you prior to any discharge.

In addition, you are responsible for coming to your session on time. Please text me if you are running late, as I am unable to meet more than 5 minutes past your appointment time. I will also notify you if I am running late- your time is important to me as well!

Initial _____

Clients are encouraged to attend in-person if possible. Masks are optional for in-office sessions, but please do NOT attend if ill (telehealth can be utilized and late fees will be waived). Telehealth services will continue to be offered to all clients.

Initial _____

Confidentiality

I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a release of information form before such information will be released. There are some limitations to confidentiality to which you need to be aware. I may consult with a supervisor or other professional in order to give you the best care. Therapists are required by law to release information when a client poses a risk to themselves or others, and in cases of abuse of children or vulnerable adults. If I receive a court order or subpoena, I may be required to release information. In such a case, I will consult with other professionals and limit the release to only what is necessary by law.

Initial _____

Payments

If you are a self-pay client or have an insurance copay, you are responsible for paying on the day of your session.

Initial _____

Self-Pay/Insurance

Insurance companies require therapists to submit a clinical diagnosis for clients. Sometimes therapists have to provide additional clinical information to have your treatment authorized. Self-pay maintains your confidentiality, and does not necessitate a diagnosis that will remain in your records. If you are using insurance, I will make *every effort* to release only the minimum information about you that is necessary for the insurance company. I cannot guarantee confidentiality of records held by insurance companies.

Initial _____

INFORMED CONSENT FOR TELEHEALTH THERAPY SERVICES

What is Telehealth? Providers use technology, including audio and video, to provide health and mental health care for clients from a separate location.

Benefits of Telehealth:

You can receive services at times or in places where the service may not otherwise be available. You can receive services in a fashion that may be more convenient and less prone to delays than in-person meetings. You can receive services when you are unable to travel to the provider's office. The unique characteristics of telehealth may also help some people make improved progress on mental health goals that may not have been otherwise achievable.

Initial _____

Risks of Telehealth:

Telehealth services can be affected by technical failures. They may introduce risks to your privacy given the vulnerability to hacking. For example: Internet connections or cloud services could stop working or become unstable. Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out. Cloud based service personnel, IT assistants, or hackers may have the ability to access your private information that is transmitted (I am minimizing this risk by using a HIPAA compliant program). Interruptions can disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools. Telehealth may also reduce my ability to directly intervene in crises or emergencies.

Initial _____

Consider these items before your telehealth appointments:

1. You will need access to certain tools, like a computer with a webcam, or a smartphone. If you are using a smartphone, you may want to use headphones to maximize volume/ minimize crackling or other sounds. Try to utilize a high speed internet connection that is password protected (not public wifi), to improve confidentiality.
2. Find a quiet, private space that is free of distractions (including cell phone or other devices) during the session. Please do not attempt to drive during session, as we will then have to reschedule for your safety.

Initial _____

Security:

1. I have chosen a HIPAA compliant platform for telehealth sessions (Zoom).
2. Confidentiality still applies for telehealth services, and neither provider nor client will record the session without advising the other party.
3. All existing laws regarding access to medical information and copies of your medical records apply to your telehealth session.

Initial _____

Contact and After Hours Support

If you need to reschedule an appointment, please text me. For other matters, please call my business phone number at 505.510.1414. Leave a message on my confidential voice mail, and I will return your call during business hours as soon as possible. I will respond to you within 24 hours if there is a crisis, UNLESS I am out of the office/town, as I do not check my texts/voicemails at those times. During those times or after hours, please utilize your support system, 988, and/or 1-855-NMCRISIS. Both services include: crisis intervention for suicidal and homicidal thoughts, assistance with non-life-threatening mental health emergencies, assistance with finding treatment resources, and assistance for those who have loved ones experiencing a mental health crisis. You can also reach UNM Psychiatric Center ER at 505.272.2800. If you have a life threatening emergency, call emergency services for assistance.

Initial _____

Electronic Communication/Social Media

I do not accept friend or contact requests from current or former clients on any social networking site, such as Facebook. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Please do not message me on Social Networking sites such as Twitter, Facebook, or LinkedIn. These sites are not secure and I may not read these messages in a timely manner.

I will only use email communication and text messaging with your permission (as documented in your intake form) and only for administrative purposes. That means that email exchanges and text messages should be limited to things like setting and changing appointments, billing matters and other related issues. Do not use PHI (personal health information such as name, date of birth, etc.) when using electronic communication, because I cannot ensure access to electronic information is protected or private. Please do not use email or texting for any treatment-related issues, such as crisis and emergency situations. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Initial _____

Your signature below indicates that you have read this Agreement and agree to its terms. If applicable, I authorize To Bear Witness to release any information necessary to process insurance claims.

Client Name

Client Signature

Date

Therapist Name

Therapist Signature

Date